



**TOWN OF AMHERST
APPLICATION FOR A TAXI DRIVER/CHAUFFEUR
LICENSE**

To the Local Permit Agent:

Date: 10/29/09

The undersigned hereby applies for a Taxi Driver/Chauffeur License in accordance with the provisions of the Statutes relating thereto:

NAME: DAVID Mills

ADDRESS: 312 Amherst St #2 GRAFTON, MA 01033

TELEPHONE: 845 532 8538

NAME OF COMPANY FOR WHICH YOU WILL BE DRIVING TAXI: GREEN
TRANSPORTATION INC

DATE OF BIRTH: 01/31/1987 SOCIAL SECURITY #: _____

HEIGHT: 5' 10" WEIGHT: 145 HAIR: BROWN EYES: BROWN

DRIVER'S LICENSE #: _____

DATE OF EXPIRATION: 01-31-2013

I HAVE NOT BEEN CONVICTED OF A CRIME IN THE LAST FIVE (5) YEARS.

APPLICANT'S SIGNATURE: [Signature]

APPROVED/NOT APPROVED: [Signature] Chief of Police Date: 11/02/2009

Date Approved/Denied: _____ License # _____

Remarks: _____

*Please return this application to the Select Board's Office, 4 Boltwood Ave., Amherst, MA 01002